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BodyPositiveNorthEast  
Education

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# **A Survey of Public Knowledge and Attitudes toward HIV in the North East of England (2014)**

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**Author: Andrew Dalton  
May 2014**



**University of  
Sunderland**



## Author of the Survey

Andrew Dalton BSc (Hons) MSc, MA is a Sociologist and a Lecturer of Social Sciences at the University of Sunderland. He has spent over 13 years working within the two fields of teaching and also youth and community work; particularly working with and alongside marginalized groups.

He is currently studying for a PhD in Sociology at Leeds University, exploring how HIV affects intimacy and dating in an ageing population of people living with HIV. Andrew is also currently writing a book about the lives of people living with HIV in the North East of England using a life histories approach.

Andrew is a Trustee at Body Positive North East and he primarily supports the Men's Group (Body Positive Men) as well as delivering training workshops to various organizations on "HIV and AIDS Awareness".

This survey was produced as part of our 'Positively Speaking: Education and Awareness Project' to allow us to raise awareness of the importance of HIV in the North East and to promote education around HIV.



(0191) 232 2855



[drew@bpne.org](mailto:drew@bpne.org)



Body Positive North East  
MEA House  
Ellison Place  
Newcastle upon Tyne  
NE1 8XS



[facebook.com/BodyPositiveNE](https://facebook.com/BodyPositiveNE)



[@BodyPositive\\_NE](https://twitter.com/BodyPositive_NE)

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# Who are Body Positive North East (BPNE)?

Body Positive North East's mission statement is as follows:

"Body Positive North East (BPNE) provides information and support to people who have, or are affected by, HIV. We aim to provide practical, social and emotional support to the wider North East population through information, advice and education on all aspects of sexual health. Our intention is to challenge the stigma that HIV creates in our communities and, together with other professionals and organisations we plan to offer support and advice for clients based upon an empowering philosophy."

Body Positive North East (BPNE) is a Registered Charity (No: 1000714) with a geographical remit covering North East England, stretching from Northumberland, Newcastle, Gateshead and North and South Tyneside. We also work with people from Sunderland and Cumbria.

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**If you would like to reference the survey, here is the suggested format:**  
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BPNE was set up as a charity in 1988 during the height of the UK 'Aids Crisis' by a group of positive people who wanted a safe place for people to be themselves and to seek advice. A net of other separate 'Body Positives' in other parts of the country sprung up to support people in their local areas, such as Dorset (these organisations under the 'Body Positive' label are self-governing charities and Body Positive North East are not part of a larger charity). Over time, some have faded away and others have grown as there are now 13 left of a total of over 100 'Body Positives' which existed at the peak of the HIV crisis.

Body Positive North East has the aim of supporting those who have, or are affected by, HIV in the North East. This includes not just those who have HIV, but their families. Although we work solely with anyone aged 18+ whether they are gay, straight, bisexual or transgendered, we recognise that the lives of people may be impacted on those younger than that and many service users have children and young people that they care for.

Body Positive North East would like to thank the National AIDS Trust (NAT) for their kind permission in being able to use and modify their model from their 'HIV: Public Knowledge and Attitudes Survey (2010)' which was an enormous help in framing our survey questions.

We would like to thank all 326 members of the public who took part in this survey, your support has been vital in helping us to gain an understanding of public attitudes and knowledge regarding HIV in the North East of England.

Furthermore, we would also like to thank our team of volunteers who helped us to spread the survey as far as possible throughout the North East as well as Dr. Donna Peacock at the University of Sunderland for the support with SPSS.

Finally, we would like to thank Sean Murphy (CEO) and Body Positive North East Board of Trustees for their support of this project and to Andrew Dalton for his time and effort in developing and leading on this survey. A grateful thank you to all who supported this process.

This survey was not funded and was done entirely in volunteer time. However, moving forward, we would look for funding to support a future survey to see whether attitudes continue to change in the North East, and amongst different demographics, to better understand our community and their knowledge and attitudes toward HIV.

This survey aims to be replicable and it is hoped that other organisations and charities can use it and learn from our findings. You can find the full copy of this survey on our website [www.bpne.org](http://www.bpne.org)



## What is HIV and AIDS?

HIV (Human Immunodeficiency Virus) is a virus that attacks and damages the body's immune system. In the UK, HIV is no longer a death sentence, and for people diagnosed in good time and who are on treatment (anti-retroviral drugs which will reduce the amount of the virus – the viral load – in their body), then HIV is a long-term manageable condition (NAT, 2012).

Historically, in the media and in public discussion and discourse, the terms 'HIV' and 'AIDS' (Acquired Immunodeficiency Syndrome) tend to be used as if they are the same thing. However, this is very misleading and it can lead to sensationalist claims. HIV, if left alone and untreated, can lead to the development of AIDS; which is the collective term for one or more conditions (such as cancers or tumours) which appear in someone whose immune system has been seriously damaged by untreated HIV.

People diagnosed with HIV before 1996 lived in a climate of death and were expected to die. Today, however the situation is different with HIV now classified as a chronic illness (Siegal and Lekas, 2002). Due to improvements in treatment, people can now live a near-normal lifespan and lead active lives, never developing AIDS. Therefore, it is incorrect to describe someone who is living with HIV as having AIDS.



## How many people are living with HIV?

An estimated 98,400 (93,500 – 104,300) people were living with HIV in the UK in 2012. Figures from 2012 show the numbers of people living with HIV stand at, 41,000 (men who have sex with men) and 53,000 (heterosexuals) alongside a much lower figure of 2,200 (people who inject drugs). Worryingly, one in four adults living with diagnosed HIV were aged 50 years and over as we see a greater spike in older people with late diagnosis and a generation who are growing older (and will retire) who are living with HIV (Crusaid, 2007).

The overall prevalence of HIV was 1.5 per 1000 population (1.0 in women and 2.1 in men). An estimated 21,900 people living with HIV were unaware of their status in 2012, and it is estimated that two-thirds of people living with HIV are unaware of their HIV infection (Public Health England, 2013).



## How can HIV be transmitted to another person?

HIV can be transmitted by infected semen, vaginal fluids, rectal secretions, and blood or breast milk. However, in the UK, 95% of new transmissions are through unprotected sex (NAT, 2012, Public Health England, 2013) with a much smaller number being the result of sharing needles, syringes or other drug injecting equipment. Similarly, it is also important to know that AIDS itself cannot be transmitted, only HIV can and even if a person does end up with an AIDS diagnosis, they will probably recover as a result of effective treatment and will no longer have an AIDS diagnosis, though they will still have HIV.

The number of infections acquired through injecting drug use and through other routes has remained low. Only 120 new HIV diagnosis in 2012 were infections acquired through injecting drug use and 110 through other means such as mother-to-child transmission and through exposure to contaminated blood products abroad. Since 1985, all blood donors have been screened for HIV infection to prevent onward transmission. There has been no known case of HIV acquisition through blood transfusion in the UK since 2002 and all pregnant women are now routinely tested for HIV (Public Health England, 2013). Of all children born to HIV-infected women in the UK between 2005 and 2011, an estimated 2% became infected with HIV. However, the transmission rate of HIV among children born to women with diagnosed HIV infection was under 1%.

There are a great deal of cultural myths around transmission of HIV. It is important to know that HIV cannot be transmitted through sharing cutlery, cups, hugging, fish pedicures, mosquito bites, urine, biting, scratching, spitting, kissing or coming into contact with a discarded needle.



## What are the HIV statistics for the North East?

In 2012, numbers of people living with HIV after new diagnosis were highest in London...followed by the Midlands, the East of England and the North (Public Health England, 2013) with the North of England ranking third in terms of the highest rates observed amongst late HIV diagnosis.

There were 152 new documented diagnoses of HIV within the North East in 2012 (Public Health England, 2013) with a total number of 1467 people accessing care for HIV/AIDS. Whilst the North East is still a 'low prevalence' region compared to rest of the UK, the amount of new diagnoses in the North East has actually increased in 2012; particularly amongst people with a late diagnosis and an ageing cohort of people aged 50 and over. We are approaching the Department of Health's threshold of HIV transmission, especially as rates continue to increase which is of great concern to BPNE and other sexual health organisations.



## What is HIV-related stigma?

Stigma is commonly understood as a process of ‘devaluation’. It can have many outcomes (such as discrimination, which is also known as enacted stigma). In the context of HIV it can adversely affect how and when someone accesses services, including testing, support and treatment and how people interact with each other. This may include friendships, intimate partnerships and their own professional relationships. Finally, stigma also affects how someone perceives themselves and their self-esteem (<http://www.stigmaindex.com>).

Furthermore, “Stigma has come to be understood as a negative attribute that is mapped onto people, who, by virtue of being different, are understood to be negatively valued in society” (Stuber, et al, 2008: 353). There has been a great deal of research into the role of HIV-related stigma and how it affects a person’s self-image in terms of living successfully with HIV.

From the moment scientists identified HIV and AIDS, public responses of fear, denial, stigma and discrimination have accompanied it, fuelled by a sensationalist media and poor governmental responses. Discrimination spread rapidly, feeding anxiety and prejudice towards the groups most affected, that is, gay men in general and those living with HIV or AIDS. HIV and AIDS are therefore as much about social phenomena as they are about biological and medical concerns (Avert, 2014).

The number of people living with HIV in the UK has trebled in the last ten years but over the same period there has been a significant decline in public knowledge about how HIV is transmitted (NAT, 2011). Public attitudes have not kept pace with improvements in treatment and discrimination against people living with HIV is a longstanding problem in the UK. A significant number of people continue to hold stigmatising attitudes to those who are living with HIV (Herek, Capitano and Wildaman, 2002). One survey suggested that this remains the case, with 40% of respondents who had experienced discrimination in the past 12 months due to their HIV positive status (Positively, 2013).

Alongside these discriminatory attitudes come a range of difficulties in daily life that lead to constant challenges for people living with HIV; which include living with noxious symptoms, side effects from treatments, but also include periods of disability, unemployment isolation from social networks and impoverishment (Fleishman, et al, 2000).

HIV related discrimination and public perceptions of HIV is the biggest handicap to living well with HIV. It extends to all areas of people’s lives and many people experience double discrimination as a result of their race, gender, age or sexuality. It is a great concern that HIV prevalence is highest in the most deprived areas of England (Public Health England, 2013) and as such, there are links between HIV



and poverty; which may be due to a lack of schooling, sex education in school, reluctant parental attitudes to discuss it (or a lack of knowledge) or simply HIV is no longer discussed in public discourse or the media.

The media very rarely write about HIV. When they do they often perpetuate poorly researched myths and misunderstanding through sensationalist language or misreporting of the facts (NAT, 2010) which means that public figures, who are living with HIV, do not find it safe or free to talk about their status.

Within workplaces research suggests that people living with HIV find it difficult to open up. One of the most common issues cited was the inability to declare one's status in the workplace and a subsequent inability to manage a strict drug regime while at work (Crusaid, 2007). Whether or not discrimination actually occurred at work, the client perception was that there was a real danger that they would be discriminated against.

Effective treatment does not mean that people living with HIV automatically have a high quality of life. People living with HIV are at a higher risk of mental health problems. In 2008, 70% of respondents had experienced anxiety or depression in the past year (Sigma Research, 2008). In another report it was found that, three quarters of respondent stated that they had suffered from either depression, anxiety or ongoing emotional distress in the past 12 months. Furthermore, six out of ten respondents stated that they had suffered from depression in the same period. When asked which condition has had the biggest impact on their quality of life, almost a third of respondent cited depression (Positively, 2013).

Barosso & Powell-Cope (2000) highlighted that one of their main themes was dealing with stigma amongst their interviews with people living long term with HIV as they recommend that forming connected relationships helps reduce alienation and separation from others which is the importance of successfully living with HIV.

HIV-related stigma presents difficult challenges for those who are living with HIV in the United Kingdom today. Stigma is largely based around an ignorance and lack of education about HIV itself, its transmission routes and what it means to be living with HIV in contemporary society. This survey aims to give a sample of whether or not stigma exists within the North East of England and to capture the general public's attitudes and knowledge of the condition.





## **Data collection methods**

We gathered together a total sample size of 326 respondents for this survey and the fieldwork was gathered between April, 2013 and April, 2014.

### **Printed surveys**

We used a range of events from college open days, equal opportunity days at community centres, stalls in city centre busy locations, libraries across the region and snowball sampling; asking a respondent to bring other people from their social group forward to complete the survey. This allowed us to gain access and to pass the survey to different community groups and cross-sections of the North East population. As a result of this, we gained 93 respondents using this method.

### **Online surveys and social media**

We used an online survey on Google Docs in order to collect data with an identical online survey which was much more successful than the paper version, securing 233 respondents. This used a random sampling method; which is to say that people chose the survey at random and were not targeted for any particular reason. Social media was used to its potential and our Facebook page has 500+ members to engage with the survey as well as our Twitter page which also ran the survey.

### **Using volunteers**

Body Positive North East used their volunteer base in order to reach out to various locations in different counties in the North East to gain a better sample of both urban and rural viewpoints (Gateshead, Newcastle, Northumberland, North and South Tyneside and Sunderland all collected respondents). In total, over 75 hours of volunteer time was dedicated to the design, implementation and writing up of this survey.

### **Sample size against other equivalent surveys**

We believe that we have achieved a total representative sample of the North East population in blanket terms as we gained 326 respondents to account for the North East region. This was measured in terms of population size of the North East compared to the National AIDS Trust's (2010) similar survey where 1,944 respondents were gained from a national cross-section.

### **Data analysis**

Data was coded and placed into SPSS software (Statistical Package for Social Sciences) to ensure accuracy and analysis of the frequencies of results.

**Ethics**

All survey data collection followed the British Sociological Association's (BSA) Code of Ethics to ensure that data was stored correctly. Data Protection and safe storage of data was ensured at all times. Ethical compliance was sought and gained by Body Positive North East's Board of Trustees.

**Limitations of the survey and methods used**

As with any data collection method using surveys, there are always limitations. Due to this survey process being entirely volunteer led, we recognise that we had limitations in terms of time and cost as we were not funded to do it.

The sample cannot claim to be representative of everyone in the North East as random sampling and snowball sampling was used. However, the survey was spread far and wide across the North East, both electronically and in paper copy and we did manage to collate data from respondents in all of the areas of Body Positive North East's geographical range.

English as an additional language was not catered for as all surveys were in English. As a result, we recognise that we did not gain representation from groups where English is not spoken as a native tongue.

However, the issues raised around HIV and the public's knowledge and attitudes have also been highlighted previous to this study by the National AIDS Trust (NAT) in 2010 and we feel more confident that this regional variation casts light on local views. We believe that this survey, being the first of its kind in the region, will enable us to have statistical validity in collecting attitudes as opposed to assumption and anecdotal evidence.



# Public Attitudes & Knowledge of HIV in the North East (2014)



67.5  
%

of all respondents agree that there is a great deal of HIV-related stigma in the North East

62.5  
%

of all respondents agree that they can tell if someone is living with HIV by looking at them (even though two thirds of people living with HIV do not know their status!)

87  
%

of all respondents agree that more needs to be done to tackle prejudice against people living with HIV in the North East

1 in 10 of all respondents would not feel comfortable using a toilet cubicle after a person who is living with HIV has just used it (there is no risk involved here at all)



Most people agreed that if they found out that their family or friend was living with HIV, it would not damage their relationship with them.



1 in 5 of all respondents do not know enough about how to prevent HIV transmission during sex



1 in 10 of all respondents incorrectly believe that kissing is a route of transmission for HIV



Only 2 out of 10 respondents believe that people in their neighbourhood or community are understanding towards those living with HIV



The questions in the survey fitted into five central themes: transmission methods of HIV; attitudes toward HIV; attitudes toward relationships with people living with HIV; education and workplace attitudes toward HIV and stigma and HIV.

## 1. Transmission Methods of HIV

### Summary of Findings from this Section

- One in five respondents in the North East feel that they do not know enough about how to prevent HIV transmission during sex.
- One in ten respondents in the North East believe, incorrectly, that 'spitting' is a route of transmission for HIV.
- One in ten people believe, incorrectly, that 'kissing' is a route of transmission for HIV.

### Do people know enough to stop HIV transmission during sex?

We found a mix of negative and positive results regarding the public's knowledge in that:

1 in 5 did not 'know enough about how to prevent HIV transmission during sex', which is a major concern (23.6%). However, 76.3% feel that they did, which was encouraging to see.

This is supported by the following statistic which shows that:

69.9% of respondents agreed that 'people in the North East do not know enough about the risks of HIV transmission.'

When questioned about individual methods of transmission, the results were a great deal more positive, however there were still some cultural myths and false transmission methods becoming apparent in the data:

### Blood transfusions

Whilst there has not been a single case of HIV transmission through a blood transfusion in the UK since 2002, due to compulsory blood screening, (Public Health England, 2013) however, the figures for people's opinions regarding transmission of HIV were mixed:

35.9% thought that a 'blood transfusion in the UK' was a method of HIV transmission, however 58% disagreed with this statement.



Worryingly there was still a lack of awareness of other transmission routes:

More than 1 in 10 people (12.9%) believe that 'spitting' is a transmission route, which is incorrect.

Almost 1 in 10 (9.4%) believe that 'kissing' is a transmission route for HIV, which is incorrect.

These last two statistics are worrying as they potentially lead to stigmatic views of HIV transmission.

### **Unprotected sex without a condom**

We found positive results regarding the public's knowledge of transmission routes of HIV in terms of condom use:

94.2% of people surveyed correctly identified that 'sex without a condom between two men' was a route of transmission for HIV.

94.8% of people surveyed correctly identified that 'sex without a condom between a man and a woman' was a route of transmission for HIV.

### **Sharing needles and syringes**

We found positive results for the public's knowledge of transmission of HIV through sharing needles:

97.5% of people surveyed correctly identified that 'sharing needles and syringes' is a transmission route for HIV.

However, interestingly, this is not the main form of transmission in the UK, with 95% of cases of new HIV cases being a result of sex (Public Health England, 2013).

### **Other transmission methods correctly identified as being false**

Overall, most people correctly identified HIV transmission routes and it showed a good level of awareness of this, however the figures were not as high as they should be which surprised us in places. Positive results were that:

84.3% correctly identified that HIV cannot be transmitted via a 'public toilet seat' (however, 6.1% did 'agree' that it could be which still shows a lack of understanding in this area).

83.7% correctly identified that HIV cannot be transmitted through 'sharing a glass or cup' (however, 7.1% did still 'agree' with this).



85% of people correctly identified that HIV cannot be transmitted via 'coughing or sneezing.'

86.8% of people correctly identified that 'cuddling someone who is living with HIV' is not a transmission route.

## 2. Attitudes Toward HIV

### Summary of Findings from this Section

- One in five respondents feel that they have 'no sympathy' for people infected with HIV through unprotected sex (though two thirds of people are unaware of their HIV status).
- One in ten respondents would not feel comfortable using a toilet cubicle after a person who is living with HIV has just used it.
- Only two in ten respondents believe that people in their neighbourhood or community are understanding toward those who are living with HIV.

**Public sympathy and attitudes toward people living with HIV** varied throughout the survey, with most people expressing a sympathy toward those living with HIV; **however it did depend on the route and method of transmission:**

1 in 5 of respondents felt that 'people who become infected with HIV through unprotected sex only have themselves to blame' (19%).

Almost half of the respondents (47.2%) felt that 'people who become infected with HIV through drug use only have themselves to blame.'

These statistics are concerning to us as they not only suggest that HIV transmission is attached to the idea of 'blame' but many people do not know their own HIV status. Nationally, unprotected sex and drug use are the most common methods of transmission and it is of concern that a large proportion of people 'lack sympathy' for anyone living with HIV simply due to the manner in which they became infected with it.

### **HIV is perceived to be physical and easy to see on others**

A large majority of respondents held the view that HIV is obvious and can be seen on another person's physical body:

62.5% of respondents agreed that they 'can tell if someone is living with HIV by looking at them' (this is almost two thirds of respondents).



Whilst not disputing that HIV (or HIV medication) can present some physical effects on the body, these could potentially be anything and they are wide and varied. After transmission, HIV can live for up to 10 years within the body and show minimal effects on a person (or no effects at all). The idea that a person can 'tell' that a person is living with HIV is a cultural myth and it upholds the idea that HIV is something which can be spotted, and potentially, avoided.

### **Groups perceived to be at risk of HIV and whether HIV is a death sentence**

Over 1 in 4 (23.9%) of all respondents agree that 'HIV is still a death sentence in the North East' (with an encouraging 46.7% who disagree and believe that it is not). Indeed, HIV is regarded as a 'chronic long term condition' by the World Health Organisation, and with the correct treatment and lifestyle choices, it can be managed perfectly well.

1 in 5 (19.6%) of all respondents agreed that 'HIV is most common amongst gay men' (however a sizeable portion said they 'don't know', 37.7%, and so we should be wary of seeing this as a success against stereotypes of people living with HIV).

Interestingly, 47.5% of respondents agreed that 'the group with the lowest rate of HIV are heterosexuals; (with a third of respondents, 29.5%, disagreeing with this statement). Of the most recent HIV results, there are more heterosexuals living with HIV in the UK than MSM (Men who have sex with men).

### **Proximity to and stigmatic attitudes toward people living with HIV**

We were concerned to see that people still held stigmatic attitudes toward proximity to people living with HIV, however these attitudes were mixed and often contradictory:

1 in 10 (13.2%) respondents disagreed that they would 'happily use a toilet cubicle after a person who is living with HIV has just used it' which is worrying as there is no chance of infection. Whilst 74.5% of respondents were comfortable with this.

1 in 10 (14.1%) respondents would not feel comfortable at all in 'sharing kitchen utensils with someone who is living with HIV' however in support of this viewpoint, 73% of respondents did feel comfortable.

Stigmatic attitudes, where there is no risk of infection of HIV, persisted when other subjects were mentioned, as 59.5% of people would not 'be happy for my child/young person to play with another child/young person who is living with HIV.'



### **Living with HIV in the North East of England and attitudes toward it:**

We were interested to see that most people felt that people in the North East did not discuss HIV enough with:

92.3% of people surveyed believe that ‘people in the North East do not discuss HIV enough.’

This is encouraging to see and so it creates space for a public dialogue about HIV in the local area and shows that there is a receptive audience to discussing it.

However, there was a firm belief that the North East is not always a supportive environment in which to be living with HIV as the following results show:

1 in 5 people felt that their family would not be understanding toward an HIV diagnosis when asked if ‘people in my family are understanding toward those who are living with HIV’ (22.4%) with only slightly less than half (49%) agreeing that their family would be understanding.

Worryingly, only 21.5% of respondents believe that ‘people in my neighbourhood or community are understanding toward those living with HIV’ with 34.7% stating that they will not understand and a sizeable section of respondents who reported a ‘don’t know’ status (43.9%).

A further concern highlighted itself in that only 40.2% of respondents agreed that ‘if I found out that I had a positive HIV status I would know where to go for support’ and so this raises questions for the wider sexual health community in marketing and knowledge of organisations. Whilst support is almost always offered to people directly after a positive HIV test, it is interesting that knowledge of organisations is not common knowledge amongst people living in the North East.

This reflects a wider reality of stigma regarding disclosing HIV status to people and whether the immediate family structure and community will be supportive and understanding. There are clear links to isolation, depression, mental health and a person’s HIV status when support is not offered (Positively, 2013).



### 3. Attitudes Toward Relationships with People Living with HIV

#### Summary of Findings from this Section

- Only one in four people would comfortably kiss a person who is living with HIV (even though there is no route of transmission).
- Only one in twenty would feel comfortable having sexual contact with a person who is living with HIV.
- However, most agreed that it would not damage their relationship with their friend or family member if they revealed their HIV status to them.

**There were some very supportive views toward people's attitudes to close friends and family members revealing their HIV status**, which was a very positive result:

86.2% of respondents agreed that if they 'found out my friend was living with HIV it would not damage my relationship with them.'

89.3% also agreed that if 'someone in my family told me that they were living with HIV it would not damage my relationship with them.'

This is interesting as most respondents expressed that they would be supportive toward family members and friends living with HIV, yet felt that their own families are not understanding toward HIV and that their wider community, would be even less understanding.

**However, this figure changed significantly when asked about sexual partners:**

Only 29.8% of respondents agreed that they 'would feel comfortable kissing a person who is living with HIV' (with a sizeable proportion of people who disagreed: 47.3%).

Only 6.5% of respondents would 'feel comfortable having sexual contact with a person who is living with HIV' with 73.9% disagreeing and of this figure, 58.9% 'strongly disagree' with this comment.

People living with HIV often report difficulties in finding sexual partners and there is well-reported stigma of those who seek to date or have intimate relationships with others.





It is worrying that people still see kissing as a form of HIV transmission in contemporary society and they also show a lack of knowledge that a person with an undetectable viral load (on HIV treatment), who is using safe sex, reduces the risk of transmission to negligible/zero. This also highlights the idea that close proximity to people living with HIV makes a great deal of people uncomfortable and so stigma around this is clearly present in the North East.

#### 4. Education and Workplace Attitudes toward HIV

##### Summary of Findings from this Section

- Encouragingly, almost nine in ten people feel that young people aged between 11-16 years old should be taught about HIV in school.
- Nine out of ten people would feel comfortable working with colleagues who are living with HIV.
- However, nine out of ten people thought that disclosing an HIV status within the workplace was not easy for colleagues.

Workplace attitudes toward people living with HIV showed positive attitudes toward work colleagues living with HIV and the disclosure of their status:

90.5% of respondents 'would feel comfortable working with a work colleague who is living with HIV' which is an excellent result.

Furthermore, 75.8% of respondents do not agree that their 'employer should tell me if someone in my workplace is living with HIV.'

This is encouraging to see as people living with HIV in the UK do not have to disclose their status to their employer and neither should it be made public to other work colleagues. This is protected under the Equalities Act (2010).

However, many respondents expressed concern with how safe they felt their workplace was for people living with HIV:

91.4% of respondents did not agree that 'people find it easy to reveal their HIV status in the workplace in the North East' which shows that many feel disclosure is difficult and potentially isolating for individuals.

Only 51% of respondents agreed that in their workplace 'is easy for people living with HIV to take medicine privately' which is worrying in terms of forced disclosure of individuals who may wish to keep their





condition private (almost a quarter, 22.3% disagreed with this statement, showing that some workplaces need further consideration of privacy when taking medicine).

42.9% of respondents agreed that 'people don't get fired anymore because of their HIV status' however 31.3% (a third of respondents) agreed that they may get fired due to their status.

The majority of people living with HIV in the UK today work and so it is vital that workforces make reasonable adjustments in light of the Equalities Act (2010) to ensure that their workplaces are HIV friendly.

### **Education showed a mixed set of results, with a general agreement that HIV should be taught in schools**

88.1% of respondents agreed that 'all young people in the North East aged 11-16 years old, should be taught about HIV in schools.'

Research has suggested that HIV is often taught poorly (or ignored) in schools and it should be recognised that education can be a foundation for a lack of awareness of HIV and can be a breeding ground for stigma which young people take into adulthood. Perhaps this is not surprising as there has been no real investment in educating the public about HIV. Recent sexual health campaigns, especially those aimed at young people, have made no mention of it at all. Young people rarely learn about HIV in schools, where sex education is still not compulsory and remains, in some areas, extremely limited (<http://www.sigmaresearch.org.uk>)

### **However, other figures were concerning regarding the disclosure of a person's HIV status**

Whilst 78.2% would 'feel safe sending my child to school if I knew another pupil in that school also had HIV' (However, 1 in 10 of all respondents disagreed with this and felt that their child would be unsafe and at risk of infection in an environment where there is little to zero risk of HIV transmission).

3 quarters of respondents (74.3%) agreed that they 'should be automatically informed by a school/college if another child/young person has HIV.'

The two figures above are of great concern as again, disclosure is protected by law and this could lead to potential stigma and bullying toward young people and children should their HIV status be told to others. If 1 in 10 parents feel that their



child is unsafe in a school where another child is HIV positive, this could compound the stigma around HIV as well as have detrimental effects to the individual who is living with HIV.

## 5. Stigma and HIV

### Summary of Findings from this Section

- **Sadly, half of the respondents believe that HIV will always be a stigmatised condition.**
- **However, most of the respondents agree that more needs to be done to tackle prejudice against people living with HIV in the North East.**

Overall, almost all respondents agreed that there is stigma toward and around HIV, both nationally and locally, which was an encouraging sign:

83.7% agreed that 'there is a great deal of stigma around HIV in the UK'.

67.5% agreed that 'there is a great deal of stigma around HIV in the North East'.

50.9% agree that 'HIV will always be a stigmatised condition' with a third disagreeing (35.2%) which shows some potential signs that HIV stigma, it is hoped, will decrease with time.

86.8% agree that 'more needs to be done to tackle prejudice against people living with HIV in the North East'.

There is a clear challenge for HIV and sexual health organisations to carry on meeting this stigma and challenging it where it is possible. However, these organisations cannot do it alone and so a multi-agency model should be adopted where non-HIV organisations aim to tackle it in their places of work, schools, colleges and universities in the North East so the complex nature of stigma (which largely exists through ignorance) can be unravelled.



## 6. Survey Comments and Themes

The survey contained the opportunity to leave comments on how people believed that we should tackle HIV and the stigma of it in the North East of England. Some of the feedback followed clear trends and fit into the following themes: awareness and visibility, testing and medical centres, education and outreach and societal attitudes.

### **Awareness and Visibility**

“It should be talked about more in schools, and in local communities, Leaflets could be left in the doctor’s offices and at youth groups.”

“More awareness campaigns. More distribution of sexual protection in high risk places, E.g. nightclubs.”

“Provide more formalised education in compulsory schooling - if people are knowledgeable at a young age then that is the best preventive form!”

“Online sites which explain and have a question and answer page.”

“Promote it where most people go. Pubs and football!”

“More work to engage with local ethnic communities, particularly the African community.”

“Pop-up stalls such as the one utilized by cancer research in the Grainger market recently; I found the information and support offered to be both educational and personally helpful.”

“More awareness full stop! My views are based on what I understood in the 90s. All of which are probably out of date.”

### **Testing and Medical Centres**

“Have testing opportunities in populated areas of people, bars/clubs/cafés/uni/college rather than people having to go to the tests (similar to the chlamydia campaigns).”

“Training updates to REMIND nurses of procedures, I have seen some stupid things done by trained nurses. Not putting injections straight in to sharps box, leaving blood infected dressing laying about, not wearing gloves...”

### **Education and Outreach:**

“More education on the subject and being more open about it. I think that the stigma comes from lack of understanding.”



“School children need to be educated on the condition. Everyone over the age of 16 needs to be tested for it and adults also need more education on the subject.”

“Teaching children about HIV - risks/myths/ treatment etc. Only through educating the next generation can we change perceptions and attitudes.”

“The question above asked about educating children aged between 11 - 16, and I personally believe that educating kids is the best way to raise awareness and remove stigma. However, I would not be pleased about my child being taught about STDs when he is 11. Although the media occasionally sensationalises cases of very young children having sex in the UK, these are very rare. At that age he should barely know what sex is, never mind finding out about how it could potentially harm him. 13 or 14 would be a better age to start.”

“It's very important to give more education on modern HIV in schools, a lot of children are only taught the negative stereotypes and that HIV leads to AIDS.”

“Educate school kids!! They educate peers and inform their parents of facts. Educate the kids and then give them quiz's to conduct on their parents. I bet most parents would be score badly! - this may help to circulate the facts and quash the myths (created in the 80's media)!”

### **Societal Attitudes**

“The main stigma seems to be because it is generally considered a sexually transmitted disease, so people feel morally disgusted towards sufferers. Our attitudes towards sex NEED to change. Also, people are afraid of catching the disease, so we need to dispel misconceptions of how it is transferred.”

“I think a similar change in attitude towards people with HIV could happen if people were able to identify with individuals - as with LGBT people it would take a lot of guts to "come out" publicly and it would take time for attitudes to change.”



## **“Not enough people are aware of HIV in the North East, it’s a hidden condition” (Survey Respondent)**

When the National AIDS Trust (2011) completed their nationwide version of this study, they commented that, “Most of the public hold supportive attitudes to people with HIV. This is very welcome and should be emphasised. Prejudice is linked to ignorance and thankfully has declined over the last ten years. But even if a minority, people with stigmatising and discriminatory views can make life difficult for people with HIV, and deter open discussion of HIV and how to address it”(NAT, 2011: 3). Our findings from the North East from our own survey broadly support the findings of NAT.

The North East is seen by respondents as a double-edged sword, with respondents believing that their own family and community would not be supportive to someone living with HIV, yet at the same time, stating that if a friend or family member revealed their status, they would be supportive on the whole. This presents a curious challenge for HIV campaigning in the North East as stigma is still quite an issue for the community and the region as a whole. However, it is heartening to notice that most people believe that there is HIV-related stigma in the North East and that most agree that more needs to be done to tackle this prejudice against people living with HIV.

As an HIV organisation, it is concerning that a substantial number of people feel that they do not know enough about HIV transmission in sex and that a number of cultural myths (sending a child to school with another child who is living with HIV, sharing a cubicle and kissing for instance) are seen as routes of transmission. There is clearly more work to be done in this area and we believe that education in schools, colleges and universities are key in stopping myths before they develop and become engrained within people’s minds.

Within workplaces, there are reasonable adjustments to be made and whilst most of the respondents stated that they would feel comfortable working alongside with someone who is living with HIV; they also agreed that taking medicine privately within the workplace would be troublesome. With medication, it is imperative that a strict regime is followed and so if people living with HIV feel that it is difficult to do they may miss medicine times and routines, which may cause immunity to their HIV medication.

Another major concern for all organisations dealing with HIV is that a number of respondents (well below half) would not know where to go upon learning of their HIV status. Whilst this is usually part of a counselling regime after a positive test



result, we have seen recent changes in legislation whereby HIV home testing kits can be sent to people from online websites. Should a person learn their status via this, will they know where to gain suitable and correct support? This is a grave concern.

On the whole, this survey has only hinted at some of the HIV-related stigma in the North East and the results have been interesting to see the levels and depth of stigma still attached to HIV in 2014.

**We recommend the following key findings as a result of this data:**

**There is clearly a need for schools to engage more with HIV education and most respondents want to see HIV taught in schools.**

**All young people should have a good understanding of HIV by the time they leave secondary school. Schemes of work for teachers in PHSE, RE, English, Geography and other subjects should adopt HIV/AIDS as a topic area in order to ensure that being HIV aware is part of a school and colleges ethos We recommend that HIV/AIDS could be part of the Agreed Syllabus for RE in North East schools and would happily work with SACRE to build this into it.**

**North East workplaces should aim to make HIV education part of their core staff training alongside equality and diversity to ensure that workplaces are HIV friendly. We would welcome opportunities to share good practice with North East employers as part of a working group made up of organisations to make their places more HIV-friendly.**

**Employers and recruitment agencies be made aware of rights and responsibilities within the Equality Act (2010).**

**A regional North East based campaign highlighting transmission routes for HIV is important and this should also focus on dispelling myths about HIV transmission. However, it is also important to ensure that this advertising goes outside of traditional venues where HIV posters and leaflets are based as this is not reaching the mainstream public. Steps should be taken to ensure that the prevention needs of the wider population are met.**



North East local authorities provide funding and time to work alongside HIV charities and statutory bodies to ensure that clear messages about HIV are included in wider public education sexual health campaigns. Testing should also be offered in non-traditional venues and appropriately funded for this to happen.

More work needs to be done outside of HIV charities and statutory bodies which deal with HIV to ensure that the realities of HIV are discussed openly in order to develop an open dialogue within the North Eastern community. This could be through developing tools for discussion in community groups, parenting classes, charities with their service users, public lectures, theatres, art groups and youth clubs as examples where HIV is taken outside of traditional locations for discussion.

Further research is carried out to measure stigma and attitudes to HIV to see whether this alters over a long term period in the North East.





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Thank you for taking time to complete this survey for Body Positive North East. We are interested in learning about the public perception of HIV within the North East of England.

By completing this survey you will be entered into a prize draw in order to be eligible to win £50 worth of iTunes vouchers, however this will only apply if you leave your details below so you may be contacted afterwards.



All answers will remain strictly confidential and your details will not be passed onto anyone or any organisation outside of BPNE.

If you would like to know the results of the final survey, please leave your email address below. Sadly, we cannot post hard copies of the final survey out to people due to postage costs.

## Section 1: Contact Details

**Full name:**

**Home or Mobile Telephone Number:**

**Email Address (if you would like to be added to BPNE's newsletter):**

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## Section 2: HIV Transmission

**In what ways does HIV pass from person to person? Please tick**

	strongly agree	tend to agree	tend to disagree	strongly disagree	don't know
<b>Sex without a condom between two men</b>					
<b>Sex without a condom between a man and a woman</b>					

	<b>strongly agree</b>	<b>tend to agree</b>	<b>tend to disagree</b>	<b>strongly disagree</b>	<b>don't know</b>
<b>A blood transfusion in the UK</b>					
<b>By sharing needles and syringes</b>					
<b>Spitting</b>					
<b>Kissing someone</b>					
<b>From a public toilet seat</b>					
<b>Sharing a glass or cup</b>					
<b>Coughing and sneezing</b>					
<b>Sharing needles used for drug use</b>					
<b>By cuddling someone who has HIV</b>					

**Can you think of any other ways in which HIV may be transmitted to another person?  
Please write your ideas below...**

### Section 3: HIV Statements

Below are a number of different statements about HIV. Could you please tick the box that most applies to your opinion of HIV.

	<b>strongly agree</b>	<b>tend to agree</b>	<b>tend to disagree</b>	<b>strongly disagree</b>	<b>don't know</b>
<b>There is a great deal of stigma in the UK around HIV</b>					
<b>I know enough about how to prevent HIV transmission during sex</b>					
<b>Today there is a great deal of stigma about HIV in the North East</b>					
<b>People in the North East do not discuss HIV enough</b>					
<b>If I found out my friend was HIV Positive it would not damage my relationship with them</b>					
<b>More needs to be done to tackle prejudice against people living with HIV in the North East</b>					
<b>If someone in my family told me they were HIV Positive it would not damage my relationship with them</b>					
<b>If someone in my family told me they were HIV Positive it would not damage my relationship with them</b>					
<b>People find it easy to reveal their HIV status in the workplace in the North East</b>					

### Section 3: HIV Statements (cont.)

Below are a number of different statements about HIV. Could you please tick the box that most applies to your opinion of HIV.

	<b>strongly agree</b>	<b>tend to agree</b>	<b>tend to disagree</b>	<b>strongly disagree</b>	<b>don't know</b>
<b>My employer should tell me if someone in my workplace has HIV</b>					
<b>I would feel comfortable working with a work colleague who had HIV</b>					
<b>I believe that there are people who actively seek to be infected with HIV</b>					
<b>People who become infected with HIV through unprotected sex have only themselves to blame</b>					
<b>People who become infected with HIV through drug use have only themselves to blame</b>					
<b>I have met or known someone who has HIV</b>					
<b>I can tell if someone has HIV by looking at them</b>					
<b>There should be a law against those who knowingly infect others with HIV</b>					
<b>I don't have much sympathy for people with HIV if they were infected through unprotected sex</b>					

### Section 3: HIV Statements (cont.)

Below are a number of different statements about HIV. Could you please tick the box that most applies to your opinion of HIV.

	<b>strongly agree</b>	<b>tend to agree</b>	<b>tend to disagree</b>	<b>strongly disagree</b>	<b>don't know</b>
<b>I don't have much sympathy for people with HIV if they were infected through injecting drugs</b>					
<b>All young people in the North East aged 11-16 years old should be taught about HIV in schools so they have a good understanding of the condition by the time they leave</b>					
<b>I would feel safe sending my child to school if I knew another pupil in that school also had HIV</b>					
<b>I would happily use a toilet cubicle after a person with HIV had just used it</b>					
<b>I would be happy for my child/young person to play with another child/young person who has HIV</b>					
<b>I should be automatically informed by a school or college if another child/young person has HIV</b>					
<b>People need to be made aware of HIV in the North East</b>					
<b>HIV is still a death sentence in the North East</b>					

### Section 3: HIV Statements (cont.)

Below are a number of different statements about HIV. Could you please tick the box that most applies to your opinion of HIV.

	<b>strongly agree</b>	<b>tend to agree</b>	<b>tend to disagree</b>	<b>strongly disagree</b>	<b>don't know</b>
<b>HIV is most common amongst gay men</b>					
<b>The group with the lowest rate of HIV is heterosexuals</b>					
<b>HIV will always be a stigmatised condition</b>					
<b>If I found out I had HIV I would know where to go for support</b>					
<b>HIV testing should be mandatory in the UK for everyone aged over 16</b>					
<b>At my workplace it is easy for people with HIV to take medicine privately</b>					
<b>I would feel comfortable kissing a person I knew had HIV</b>					
<b>I would feel comfortable having sexual contact with a person who has HIV</b>					
<b>I would know by my gut reaction that I have HIV</b>					
<b>People don't get fired anymore because of their HIV status</b>					
<b>Having HIV is a disability</b>					

### Section 3: HIV Statements (cont.)

Below are a number of different statements about HIV. Could you please tick the box that most applies to your opinion of HIV.

	strongly agree	tend to agree	tend to disagree	strongly disagree	don't know
I would feel comfortable sharing kitchen utensils with someone who has HIV					
People in my family are understanding toward those with HIV					
People in my neighbourhood or community are understanding toward those with HIV					
People in the North East do not know enough about the risks of catching HIV					

### Section 4: What can be done to tackle HIV in the North East?

How can we tackle HIV and the stigma of it in the North East of England? Please write any comments, ideas, and suggestions below. The more suggestions the better!

Thank you for taking the time to complete this survey. Do not forget to leave your details on the front if you would like the chance to be entered into a prize draw to win a £50 iTunes voucher. Perfect for a gift for a birthday, Christmas present, or for yourself!



# Full Survey Results



## How people thought HIV might be transmitted

### Sex without a condom between two men

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	251	77.0	79.9	79.9
	Tend to agree	56	17.2	17.8	97.8
	Tend to disagree	3	0.9	1.0	98.7
	Strongly disagree	4	1.2	1.3	100.0
	Total	346	96.3	100.0	
Missing	9	12	3.7		
Total		326	100.0		

### Sex without a condom between a man and woman

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	248	76.1	78.5	78.5
	Tend to agree	61	18.7	19.3	97.8
	Tend to disagree	6	1.8	1.9	99.7
	Strongly disagree	1	0.3	0.3	100.0
	Total	316	96.9	100.0	
Missing	9	10	3.1		
Total		326	100.0		



### Blood transfusion in the UK

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	64	19.6	21.7	21.7
	Tend to agree	42	12.9	14.2	35.9
	Tend to disagree	84	25.8	28.5	64.4
	Strongly disagree	105	32.2	35.6	100.0
	Total	295	90.5	100.0	
Missing	9	31	9.5		
Total		326	100.0		

### Sharing needles and syringes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	261	80.1	82.9	82.9
	Tend to agree	46	14.1	14.6	97.5
	Tend to disagree	4	1.2	1.3	98.7
	Strongly disagree	4	1.2	1.3	100.0
	Total	315	96.6	100.0	
Missing	9	11	3.4		
Total		326	100.0		



## Spitting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	18	5.5	6.1	6.1
	Tend to agree	24	7.4	8.2	14.3
	Tend to disagree	83	25.5	28.2	42.5
	Strongly disagree	169	51.8	57.5	100.0
	Total	294	90.2	100.0	
Missing	9	32	9.8		
Total		326	100.0		

## Kissing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	12	3.7	4.0	4.0
	Tend to agree	16	4.9	5.4	9.4
	Tend to disagree	89	27.3	29.8	39.1
	Strongly disagree	181	55.5	60.5	99.7
	5	1	0.3	0.3	100.0
	Total	299	91.7	100.0	
Missing	9	27	8.3		
Total		326	100.0		



### Public toilet seat

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	5	1.5	1.7	1.7
	Tend to agree	15	4.6	5.1	6.8
	Tend to disagree	61	18.7	20.7	27.5
	Strongly disagree	214	65.6	72.5	100.0
	Total	295	90.5	100.0	
Missing	9	31	9.5		
Total		326	100.0		

### Sharing a glass or cup

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	8	2.5	2.7	2.7
	Tend to agree	15	4.6	5.1	7.8
	Tend to disagree	60	18.4	20.3	28.0
	Strongly disagree	213	65.3	72.0	100.0
	Total	296	90.8	100.0	
Missing	9	30	9.2		
Total		326	100.0		



### Coughing or sneezing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	5	1.5	1.7	1.7
	Tend to agree	10	3.1	3.4	5.1
	Tend to disagree	62	19.0	21.2	26.4
	Strongly disagree	215	66.0	73.6	100.0
	Total	292	89.6	100.0	
Missing	9	34	10.4		
Total		326	100.0		

### Sharing needles

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	241	73.9	78.5	78.5
	Tend to agree	55	16.9	17.9	96.4
	Tend to disagree	3	0.9	1.0	97.4
	Strongly disagree	8	2.5	2.6	100.0
	Total	307	94.2	100.0	
Missing	9	19	5.8		
Total		326	100.0		



### Cuddling someone who is living with HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	3	0.9	1.0	1.0
	Tend to agree	3	0.9	1.0	2.1
	Tend to disagree	33	10.1	11.4	13.5
	Strongly disagree	250	76.7	86.5	100.0
	Total	289	88,7	100.0	
Missing	9	37	11.3		
Total		326	100.0		



## Attitudes toward HIV

There is a great deal of stigma around HIV in the UK

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	139	42.6	47.0	47.0
	Tend to agree	134	41.1	45.3	92.2
	Tend to disagree	23	7.1	7.8	100.00
	Strongly disagree	0	0	0	100.0
	Total	296	90.8	100.0	
Missing	9	30	9.2		
Total		326	100.0		

I know enough about how to prevent HIV transmission during sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	95	29.1	31.3	31.3
	Tend to agree	154	47.2	50.7	81.9
	Tend to disagree	46	14.1	15.1	97.0
	Strongly disagree	9	2.8	3.0	100.0
	Total	304	93.3	100.0	
Missing	9	22	6.7		
Total		326	100.0		



### There is a great deal of stigma around HIV in the North East

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	99	30.4	37.8	37.8
	Tend to agree	121	37.1	46.2	84.0
	Tend to disagree	38	11.7	14.5	98.5
	Strongly disagree	4	1.2	1.5	100.0
	Total	262	80.4	100.0	
Missing	9	64	19.6		
Total		326	100.0		

### People in the North East do not discuss HIV enough

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	125	38.3	43.9	43.9
	Tend to agree	138	42.3	48.4	92.3
	Tend to disagree	20	6.1	7.0	99.3
	Strongly disagree	1	0.3	0.4	99.6
	5	1	0.3	0.4	100.0
	Total	285	87.4	100.0	
Missing	9	41	12.6		
Total		326	100.0		





**If I found out my friend was living with HIV it would not damage my relationship with them**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	242	74.2	79.1	79.1
	Tend to agree	39	12.0	12.7	91.8
	Tend to disagree	12	3.7	3.9	95.8
	Strongly disagree	13	4.0	4.2	100.0
	Total	306	93.9	100.0	
Missing	9	20	6.1		
Total		326	100.0		

**More needs to be done to tackle prejudice against people living with HIV in the North East**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	185	56.7	63.8	63.8
	Tend to agree	98	30.1	33.8	97.6
	Tend to disagree	6	1.8	2.1	99.7
	Strongly disagree	1	0.3	0.3	100.0
	Total	290	89.0	100.0	
Missing	9	36	11.0		
Total		326	100.0		



**If someone in my family told me that they were living with HIV it would not damage my relationship with them**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	262	80.4	85.3	85.3
	Tend to agree	29	8.9	9.4	94.8
	Tend to disagree	8	2.5	2.6	97.4
	Strongly disagree	8	2.5	2.6	100.0
	Total	307	94.2	100.0	
Missing	9	19	5.8		
Total		326	100.0		

**People find it easy to reveal their HIV status in the workplace in the North East**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	12	3.7	4.7	4.7
	Tend to agree	10	3.1	3.9	8.5
	Tend to disagree	77	23.6	29.8	38.4
	Strongly disagree	159	48	61.6	100.0
	Total	25	79.1	100.0	
Missing	9	68	20.9		
Total		326	100.0		



### My employer should tell me if someone in my workplace has HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	20	6.1	6.7	6.7
	Tend to agree	32	9.8	10.7	17.4
	Tend to disagree	87	26.7	29.1	46.5
	Strongly disagree	160	49.1	53.5	100.0
	Total	299	91.7	100.0	
Missing	9	27	8.3		
Total		326	100.0		

### I would feel comfortable working with a colleague who is living with HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	203	62.3	65.7	65.7
	Tend to agree	92	28.2	29.8	95.5
	Tend to disagree	9	2.8	2.9	98.4
	Strongly disagree	5	1.5	1.6	100.0
	Total	309	94.8	100.0	
Missing	9	17	5.2		
Total		326	100.0		



### I believe that there are people who actively seek to be infected with HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	40	12.3	15.5	15.5
	Tend to agree	47	14.4	18.2	33.7
	Tend to disagree	53	16.3	20.5	54.3
	Strongly disagree	118	36.2	45.7	100.0
	Total	258	79.1	100.0	
Missing	9	68	20.9		
Total		326	100.0		

### People who become infected with HIV through unprotected sex only have themselves to blame

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	27	8.3	8.9	8.9
	Tend to agree	35	10.7	11.6	20.5
	Tend to disagree	102	31.3	33.7	54.1
	Strongly disagree	139	42.6	45.9	100.0
	Total	303	92.9	100.0	
Missing	9	23	7.1		
Total		326	100.0		



### People who become infected with HIV through drug use have only themselves to blame

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	122	37.4	47.7	47.7
	Tend to agree	32	9.8	12.5	60.2
	Tend to disagree	37	11.3	14.5	74.6
	Strongly disagree	65	19.9	25.4	100.0
	Total	256	78.5	100.0	
Missing	9	70	21.5		
Total		326	100.0		

### I have met or known someone who is living with HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	28	8.6	9.9	9.9
	Tend to agree	10	3.1	3.5	13.5
	Tend to disagree	33	10.1	11.7	25.2
	Strongly disagree	211	64.7	74.8	100.0
	Total	282	86.5	100.0	
Missing	9	44	13.5		
Total		326	100.0		



### I can tell if someone is living with HIV by looking at them

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	139	42.6	46.5	46.5
	Tend to agree	65	19.9	21.7	68.2
	Tend to disagree	16	4.9	5.4	73.6
	Strongly disagree	79	24.2	26.4	100.0
	Total	299	91.7	100.0	
Missing	9	27	8.3		
Total		326	100.0		

### There should be a law against those who knowingly infect others with HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	54	16.6	18.5	18.5
	Tend to agree	36	11.0	12.3	30.8
	Tend to disagree	57	17.5	19.5	50.3
	Strongly disagree	145	44.5	49.7	100.0
	Total	292	89.6	100.0	
Missing	9	34	10.4		
Total		326	100.0		



**I don't have much sympathy for people with HIV if they were infected through unprotected sex**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	25	7.7	8.3	8.3
	Tend to agree	65	19.9	21.5	29.7
	Tend to disagree	68	20.9	22.4	52.1
	Strongly disagree	145	44.5	47.9	100.0
	Total	303	92.9	100.0	
Missing	9	23	7.1		
Total		326	100.0		

**I don't have much sympathy for people with HIV if they were infected through injecting drugs**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	211	64.7	68.7	68.7
	Tend to agree	47	14.4	15.3	84.0
	Tend to disagree	23	7.1	7.5	91.5
	Strongly disagree	26	8.0	8.5	100.0
	Total	307	94.2	100.0	
Missing	9	19	5.8		
Total		326	100.0		



**All young people in the North East aged 11-16 years old should be taught about HIV in schools**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	204	62.6	65.4	65.4
	Tend to agree	83	25.5	26.6	92.0
	Tend to disagree	21	6.4	6.7	98.7
	Strongly disagree	4	1.2	1.3	100.0
	Total	312	95.7	100.0	
Missing	9	14	4.3		
Total		326	100.0		

**I would feel safe sending my child to school if I knew another pupil in that school also had HIV**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	180	55.2	60.8	60.8
	Tend to agree	75	23.0	25.3	86.1
	Tend to disagree	27	8.3	9.1	95.3
	Strongly disagree	14	4.3	4.7	100.0
	Total	296	90.8	100.0	
Missing	9	30	9.2		
Total		326	100.0		





**I would happily use a toilet cubicle after a person who is living with HIV has just used it**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	164	50.3	57.3	57.3
	Tend to agree	79	24.2	27.6	85.0
	Tend to disagree	26	8.0	9.1	94.1
	Strongly disagree	17	5.2	5.9	100.0
	Total	286	87.7	100.0	
Missing	9	40	12.3		
Total		326	100.0		

**I would be happy for my child/young person to play with another child/young person who has HIV**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	41	12.6	13.9	13.9
	Tend to agree	59	18.1	20.1	34.0
	Tend to disagree	65	19.9	22.1	56.1
	Strongly disagree	129	39.6	43.9	100.0
	Total	294	90.2	100.0	
Missing	9	32	9.8		
Total		326	100.0		



### I should be automatically informed by school/college if another child/young person has HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	174	53.4	58.8	58.8
	Tend to agree	68	20.9	23.0	81.8
	Tend to disagree	29	8.9	9.8	91.6
	Strongly disagree	25	7.7	8.4	100.0
	Total	296	90.8	100.0	
Missing	9	30	9.2		
Total		326	100.0		

### People need to be made aware of HIV in the North East

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	66	20.2	25.1	25.1
	Tend to agree	58	17.8	22.1	47.1
	Tend to disagree	72	22.1	27.4	74.5
	Strongly disagree	67	20.6	25.5	100.0
	Total	263	80.7	100.0	
Missing	9	63	19.3		
Total		326	100.0		



### HIV is still a death sentence in the North East

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	20	6.1	8.7	8.7
	Tend to agree	58	17.8	25.2	33.9
	Tend to disagree	83	25.5	36.1	70.0
	Strongly disagree	69	21.2	30.0	100.0
	Total	230	70.6	100.0	
Missing	9	96	29.4		
Total		326	100.0		

### HIV is most common amongst gay men

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	17	5.2	8.4	8.4
	Tend to agree	47	14.4	23.2	31.5
	Tend to disagree	76	23.3	37.4	69.0
	Strongly disagree	63	19.3	31.0	100.0
	Total	203	62.3	100.0	
Missing	9	123	37.7		
Total		326	100.0		



### The group with the lowest rate of HIV are heterosexuals

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	48	14.7	19.1	19.1
	Tend to agree	107	32.8	42.6	61.8
	Tend to disagree	70	21.5	27.9	89.6
	Strongly disagree	26	8.0	10.4	100.0
	Total	251	77.0	100.0	
Missing	9	75	23.0		
Total		326	100.0		

### HIV will always be a stigmatised condition

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	95	29.1	33.7	33.7
	Tend to agree	71	21.8	25.2	58.9
	Tend to disagree	66	20.2	23.4	82.3
	Strongly disagree	49	15.0	17.4	100.0
	5	1	0.3	0.4	100.0
	Total	203	62.3	100.0	
Missing	9	123	37.7		
Total		326	100.0		



### If I found out that I had a positive HIV status I would know where to go for support

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	69	21.2	25.1	25.1
	Tend to agree	62	19.0	22.5	47.6
	Tend to disagree	68	20.9	24.7	72.4
	Strongly disagree	75	23.0	27.3	99.6
	5	1	0.3	0.4	100.0
	Total	275	84.4	100.0	
Missing	9	51	15.6		
Total		326	100.0		

### HIV testing should be mandatory in the UK for everyone aged over 16 years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	94	28.8	40.7	40.7
	Tend to agree	76	23.3	32.9	73.6
	Tend to disagree	34	10.4	14.7	88.3
	Strongly disagree	26	8.0	11.3	99.6
	5	1	0.3	0.4	100.0
	Total	231	70.9	100.0	
Missing	9	95	29.1		
Total		326	100.0		



### At my workplace it is easy for people living with HIV to take medicine privately

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	164	50.3	57.3	57.3
	Tend to agree	79	24.2	27.6	85.0
	Tend to disagree	26	8.0	9.1	94.1
	Strongly disagree	17	5.2	5.9	100.0
	Total	286	87.7	100.0	
Missing	9	40	12.3		
Total		326	100.0		

### I would feel comfortable kissing a person who has HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	41	12.6	16.3	16.3
	Tend to agree	59	17.2	22.3	38.6
	Tend to disagree	86	26.4	34.3	72.9
	Strongly disagree	68	20.9	27.1	100.0
	Total	251	77.0	100.0	
Missing	9	75	23.0		
Total		326	100.0		



### I would feel comfortable having sexual contact with a person who is living with HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	11	3.4	4.2	4.2
	Tend to agree	10	3.1	3.8	8.0
	Tend to disagree	49	15.0	18.7	26.7
	Strongly disagree	192	58.9	73.3	100.0
	Total	262	80.4	100.0	
Missing	9	64	19.6		
Total		326	100.0		

### I would know by my gut reaction that I was HIV positive

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	24	7.4	10.8	10.8
	Tend to agree	49	15.0	22.0	32.7
	Tend to disagree	64	19.6	28.7	61.4
	Strongly disagree	86	26.4	38.6	100.0
	Total	223	68.4	100.0	
Missing	9	103	31.6		
Total		326	100.0		



### People don't get fired anymore because of their HIV status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	52	16.0	21.5	21.5
	Tend to agree	50	15.3	20.7	42.1
	Tend to disagree	77	23.6	31.8	74.0
	Strongly disagree	62	19.3	26.0	100.0
	Total	242	74.2	100.0	
Missing	9	84	25.8		
Total		326	100.0		

### Having HIV is a disability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	139	42.6	48.9	48.9
	Tend to agree	64	19.6	22.5	71.5
	Tend to disagree	40	12.3	14.1	85.6
	Strongly disagree	41	12.6	14.4	100.0
	Total	284	87.1	100.0	
Missing	9	42	12.9		
Total		326	100.0		





### I would feel comfortable sharing kitchen utensils with someone who is living with HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	155	47.5	54.6	54.6
	Tend to agree	83	25.5	29.2	83.8
	Tend to disagree	30	9.2	10.6	94.0
	Strongly disagree	16	4.9	5.6	100.0
	Total	284	87.1	100.0	
Missing	9	42	12.9		
Total		326	100.0		

### People in my family are understanding toward those who are living with HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	79	24.2	33.9	33.9
	Tend to agree	81	24.8	34.8	68.7
	Tend to disagree	42	12.9	18.0	86.7
	Strongly disagree	31	9.5	13.3	100.0
	Total	223	71.5	100.0	
Missing	9	93	28.5		
Total		326	100.0		



### People in my neighbourhood or community are understanding toward those living with HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	16	4.9	8.7	8.7
	Tend to agree	54	16.6	29.5	38.3
	Tend to disagree	72	22.1	39.3	77.6
	Strongly disagree	41	12.6	22.4	100.0
	Total	183	56.1	100.0	
Missing	9	143	43.9		
Total		326	100.0		

### People in the North East do not know enough about the risks of HIV transmission

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	125	38.3	48.4	148.4
	Tend to agree	103	31.6	39.9	88.4
	Tend to disagree	22	6.7	8.5	96.9
	Strongly disagree	8	2.5	3.1	100.0
	Total	258	79.1	100.0	
Missing	9	68	20.9		
Total		326	100.0		